



DSD Dance Center, Inc.
705 Bedford Avenue ◊ Bellmore, NY 11710
DSDDanceCenter@aol.com
(516) 783-6734

2016/17 Registration

Student(s) Information

Name: _____

Address: _____

Town: _____ **Zip:** _____

Grade: _____ (as of Sept. 2016) **DoB:** _____

Home Phone: _____

Previous Dance Training (Y/N): _____ **# Years:** _____ **Where:** _____

PLEASE LIST ANY & ALL MEDICAL CONDITIONS CONCERNING YOUR CHILD(REN):

Parent/Guardian Information

Name: _____

Email: _____

Cell Ph.: _____

If your student(s) is new to DSD, how did you hear about us?

Family Name: _____

Class Registration for _____:

Class #1

Class #2

Class #3

Class #4

Class #5

Class #6

Class #7

Class #8

Class #9

Class Registration for _____:

Class #1

Class #2

Class #3

Class #4

Class #5

Class #6

Class #7

Class #8

Class #9

I have read, understood, and am in agreement with all the information contained in the online brochure and give my child(ren), who is (are) in good health, permission to participate in DSD Dance Center's 2016/17 Program. I also agree to the tuition payment terms listed in the online brochure and am responsible for payment (*all accounts must be paid in full no later than 5/5/17*). NO REFUNDS. I hold DSD Dance Center, Inc., and staff harmless for any & all injuries that may arise from participation in any class or other activities related to DSD Dance Center, Inc. In such event, I further agree that the cost of such medical services shall be borne exclusively by me. I hereby authorize DSD Dance Center, Inc. to take any steps necessary to make medical attention available, including physicians, hospitals, or any other medical services, and DSD shall have full discretion. Photographs and videos of students from the school may be used for publicity in the future.

Signature of**Parent/Guardian** _____**Date** _____**Print Name of****Parent/Guardian** _____

Office use only:

Family Classes _____

Reg. Fee _____ Install. 1 _____ Install. 10 _____

Total Due _____ Total Paid _____ Date _____

CA CK# _____ CC _____ Monthly AP _____

Family Name: _____

DSD Dance Center, Inc.

2016/17 Debit/Credit Card Authorization

Family/Student(s) Name:

Name as it appears on debit/credit card:

I have read and understand the 2016/17 DSD policies at dsddancecenter.com. I have a choice of paying by cash, check, or debit/credit card. However, if tuition is not paid by the 15th of every month I hereby authorize my debit/credit card to be charged for that month's tuition. I will not incur a late fee unless the card is declined. I understand I will then have to update the debit/credit card information to keep it current and pay the \$15.00 late fee.

Card#:_____

CC Type:_____ **Exp. Date:**_____ **CVS Code:**_____

Billing Address (if different than student address)

Town_____ **Zip Code**_____

Signature of Card Holder

For your convenience, you may sign below and have your monthly tuition automatically paid through your debit/credit card. It must be signed below for this to be activated. For security reasons, a new form is required annually. This document is kept secure and shredded at the end of the 2016/17 dance year.

Sign here if you would like DSD to automatically bill your card the first of each month:

Family Name:_____